

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE REPORT
pm 5:16
2008 MAY 21 AM 10:14

COMMITTEE NAME (Must be same as on Statement of Organization)

CITIZENS FOR HEATON

IMPORTANT: Indicate by # type of committee you are reporting for:

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

DAVID HEATON

Political Party (if applicable)

Republican

Office Sought

State Representative

District (if Senate or House)

91

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

Logged In

Scanned

Computer

Audited

930

7 May

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

David Heaton
SIGNATURE OF PERSON FILING REPORT

319-931-4792
TELEPHONE

5/16/08
DATE SIGNED

I AM FILING A

5/19/08
(report date)

REPORT FOR (1) ELECTION /(2) NON-ELECTION YEAR.

Indicate by # ☒

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 30,694.46

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

5175

Schedule F: Loans Received total (Attach Schedule F)

5402.09

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

35,869.46

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

1,265.76

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

34,603.70

**UNPAID BILLS (From Schedule D - Attach Schedule D)

34,830.17

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
1/2/08	ID# 6098 CK# 3520	LaBeverage PAC 321 E Walnut Des Moines, Ia 50309-2026		\$ 500.-	<input type="checkbox"/>
1/2/08	ID# CK# 7204	William Merschman Box 67, 605 Douglas Ct. West Point, Ia 52456		250.-	<input type="checkbox"/>
1/2/08	ID# CK# 10525	WAH PAC 702 3rd St. Bentonville, Ark. 72716-0150		1500.-	<input type="checkbox"/>
1/2/08	ID# CK# 1140	Maech McCully 425 Argon Ridge Ames, Ia 50010		200.-	<input type="checkbox"/>
1/2/08	ID# CK# 1349	Roche Food Fruit Comm. 340 Hampshire St. Mettley, N.J. 07118		150.-	<input type="checkbox"/>
1/10/08	ID# 6078 CK# 1665	La Physical Therapy PAC 8355 University Blvd, Suite K Elmer, Ia 50325		100.-	<input type="checkbox"/>
1/10/08	ID# CK# 3897	Men Hanson 126 S. Riverside Ln. Washington, Ia 52353		300.-	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

TOTAL (if last page of this schedule)

\$ 3000
\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

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5/15/08	ID# 6400 CK# 615	La Restaurant Assoc, 8525 Douglas Suite 47 Des Moines, Ia 50322		\$ 150.-	<input checked="" type="checkbox"/>
5/15/08	ID# 6430 CK# 1559	La Rural Center PAC 4221 92nd Ave E Morton, Ia 50208		100.-	<input checked="" type="checkbox"/>
5/15/08	ID# 6052 CK# 3221	Independent Insurgents of Iowa PAC 4050 Westown Pk, W Des Moines 50265		250.-	<input checked="" type="checkbox"/>
5/15/08	ID# 6059 CK# 3141	La Com. of Entrepreneur Relations 1111 Office Bldg Rd. West Des Moines, Ia 50265		200.-	<input checked="" type="checkbox"/>
5/15/08	ID# 6118 CK# 2512	La Optometric Assoc PAC 1454 30th St, Suite 204 W. Des Moines, Ia 50266		250.-	<input checked="" type="checkbox"/>
5/15/08	ID# CK# 7424	Felmer Allen 22890 130th Ave Centerville, Ia 32544		50.-	<input checked="" type="checkbox"/>
5/15/08	ID# CK# 4226	Dana Petrovich 1687 Hickory Hills Clive, Ia 50325		150.-	<input checked="" type="checkbox"/>
5/15/08	ID# 6075 CK# 1649	La Nurses Assoc PAC 154 42nd St Suite 571 West Des Moines, Ia 50266		75.-	<input checked="" type="checkbox"/>
5/15/08	ID# CK# 1304	Steve Roberts 6946 Walnut Suite 2500 Des Moines, Ia 50309		50.-	<input checked="" type="checkbox"/>
5/15/08	ID# 6099 CK# 1147	Medical Group PAC 1716 Locust Des Moines 50309		100.-	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 1475	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

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5/14/08	ID# 6077 CK# 1967	La Pharmacy PAC 6515 Douglas Ave. Suite 16 Des Moines IA 50322		\$ 250.-	<input checked="" type="checkbox"/>
5/14/08	ID# 6073 CK# 1163	La Medical PAC 1001 Grand Ave. West Des Moines IA 50265-3502		250.-	<input type="checkbox"/>
5/14/08	ID# CK# 12059	David Carrigan 800 S. Allen Court 1144 Pleasant, IA 52241		200.-	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

TOTAL (if last page of this schedule)

\$ 700
\$ 5175

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(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Reset Form

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

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	ID# CK#	<i>Earned interest income on prior Reports</i>		\$ <i>227.04</i>	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

TOTAL (if last page of this schedule)

\$ *227.04*

\$

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1/24/08	ID# CK# 1014	St. Michael's Daily Democrat 1226 Ave H St. Michael's Ia 52627	Newspaper Subscription	\$ 252.20
1/24/08	ID# CK# 1015	Mt Pleasant News 215 W. Monroe Mt Pleasant Ia 52641	Newspaper Subscription	126.25
1/24/08	ID# CK# 1016	New London Journal 138 W Main New London Ia 52645	Newspaper Subscription	62.-
1/24/08	ID# CK# 1017	West Point Bee 1103 Ave D West Point Ia 52656	Newspaper Subscription	35.-
1/24/08	ID# CK# 1018	Winfield Beacon 187 East Elm Winfield Ia 52659	Newspaper Subscription	54.-
1/24/08	ID# CK# 1019	Rip Party of Iowa Des Moines Ia	Membership	365.-
2/8/08	ID# CK# 1020	Creative Leap 1091 Office Park Rd Leasport Ia 52655	Birthday Cards	170.-
5/15/08	ID# CK# 1021	Daniel Kinton 510 E Washington Mt Pleasant Ia 52641	Postage	364.-
SUB-TOTAL				\$ 1128.45
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5/15/08	ID# CK# 1022	Dave Heaton 570 Washington St 11th Pleasant, Ia 52641	Fund Raiser	\$ 137.31
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ 137.31

TOTAL (if last page of this schedule) \$ 1265.76

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)